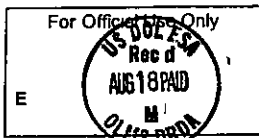


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number <u>U 9949</u> n/a - first filing	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Arthur Chelkotes</u> P O Box, Bldg Room No if any <u>4th Floor</u> Street <u>6 Harrison Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013-2898</u>	3 Name file number and address of labor organization Name <u>CWA Local 1180</u> Labor Organization File Number <u>538-149</u> P O Box Building and Room Number if any <u>4th Floor</u> Street <u>6 Harrison Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013-2898</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income 7 b Amount <u>0</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Arthur Chelkotes</u>	On <u>Aug 10, 2005</u> Date	(212) 226-6565 Telephone Number

Name of Person Filing <u>Arthur Chelotes</u>	File Number U- <u>n/a first filing</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>CWA LOCAL 1180 FAIRBANK BENEFIT FUNDS</u> Trade Name if any _____ P O Box, Bldg Room No if any _____ Street <u>6 HARRISON ST</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10013-2898</u>	11 a Nature of such dealing <u>VARIOUS VENDORS TO BOTH THE LABOR ORGANIZATION + THE TRUST FUNDS IN ITEM 10</u> 11 b Approximate dollar value of such dealing <u>unknown</u> 12 a Nature of interest held or income received <u>RECEIVED FLOWERS + FRUIT BASKETS WHILE HOSPITALIZED FOR CANCER SURGERY DUE TO TREATMENT I DO NOT REMEMBER WHO SENT THESE OR THEIR VALUE</u> 12 b Amount <u>UNKNOWN</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment
13 a Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14 b Amount of payment _____ <u>0</u>